

PUTNAM COUNTY EMERGENCY MEDICAL SERVICES

270 Carlen Drive
Cookeville, Tennessee 38501
(931) 528-1555 Fax (931) 372-0295
putnamems@cookeville.total-web.net

HEPATITIS VACCINATION

I have received the hepatitis B vaccine series.

Administer by (Agency):

Dates administered:

Exact date of vaccination unknown: ☐

Signature of employee:

Date:

I have been offered the three shot series of Hepatitis B Vaccine. I have elected not to take the vaccine. I understand that there is not cost to me if I elect to take the vaccine. I understand that I may take the vaccine at a later date.

Signature of employee:

Date: